_	and the second			سخب				 -					
								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2001 1,050 40.													
OLAMO AD EU ED DADEL													
CLAIMS AS FILED - PART I								SMALL	ENTITY	•	OTHER	THAN	
			(Column 1) (Co			mn 2)	ı	TYPE		OR	SMALL	ENTITY .	
TOTAL CLAIMS						30		RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	.X\$18=	ļ ————————————————————————————————————	
INDEPENDENT CLAIMS			minus 3 =		*			X42=	<u> </u>	┨ .	X84≟		
М	ULTIPLE DEPE	NDENT CLAIMP						745-	}	OR	7042		
-	6 N - 4186 10		1			ak was 0		+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
12	CC JUGCLAIMS AS AMENDED - PART II								\ <u></u>		OTHER	THAN	
Ambt (Column 1) (Column 2) (Column 3)							_	SMALI	ENTITY	OR	SMALL		
		CLAIMS REMAINING		HIGH		PRESENT			ADDI-	1		ADDI-	
AMENDMENT /		AFTER		PREVIO	USLY	EXTRA		RATE	TIONAL		RATE	TIONAL	
	er advisit district	AMENDMENT		PAID	FOR				FEE	1		FEE	
	Total	. /6	Minus	** 0	20	=		X\$ 9=	<u> </u>	OR	X\$18=		
AME	Independent	* d	Minus	PENIDENI	3.	-		X42=		OR	X84=	·	
-	- I FRESE	ENTATION OF IM	IULTIPLE DEPENDENT CLAIM				'	+140=			+280=		
	1.	IL		. :					· ·	QR			
	N//		•					TOTA ADDIT. FEI		OR	TOTAL ADDIT. FEE		
	$()$ \times $ $ $ $	(Column 3)											
AMENDMENT B		CLAIMS REMAINING AFITER AMENDMENT		HIGHE	i i				ADDI-	1 1		ADDI-	
				PREVIO				RATE	TIONAL		RATE	TIONAL	
				PAID	FOB				FEE			FEE	
	Total	1 / Y/	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	1.4	3_		H	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CHAIM						I þ		1				
	•	•					1	+140=	<u></u>	OR	+280=		
						•	-	TOTAL		OR	TOTAL ADDIT. FEE	•	
ADDII. PEE ADDII. PEE													
<u>, </u>		(Column 1) CLAIMS		HIGH		(Column 3)	ı		1			* . 5 5 *	
ပ		REMAINING		NUME PREVIO	SÉA	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT C		AFTER AMENDMENT		PAID		EXTRA	1	HAIE	FEE		HAIL	FEE	
	Total	*	Minus	**		æ		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus ¹	***			 -	X42=		Ì	X84=		
٩	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM			A4C=		OR	707-		
										OR	+280=	-	
I de li de di l'ele est è le de de de de la constant de la la la la la la la la de de de de de de de de la											TOTAL	-	
**	If the "Highest Nu	mber Previously Pa	id For" IN THIS	S SPACE is	less than	n 3, enter "3."		DDIT. FEE		,	ADDIT. FEE		
	The "Highest Num	ber Previously Paid	l For" (Total or	Independe	int) is the	highest numbe	r four	nd in the ap	propriate box	in cok	umn 1.	. 1	